

Teen Form: _____ Name: _____

Resurrection Youth Group
Mission Trip to
Lapwai Idaho
June 9th - 17th, 2019

Cost: \$400.00

**DIOCESE OF MONTEREY
PERMISSION WAIVER AND RELEASE & CONSENT FOR TREATMENT FORM
FOR PARISH/SCHOOL ACTIVITY/EVENT**

To the Parent/legal guardian: This is an agreement releasing the sponsoring parish/school before, during and after the activity/event. This form is also authorization for the adult supervisor to consent to any medical care needed by the minor, if the situation should arise.

This agreement releases the DIOCESE OF MONTEREY PARISH & SCHOOL OPERATING CORPORATION, also known as the DIOCESE OF MONTEREY, which will be referred to as the DIOCESE OF MONTEREY throughout this document, from any claims that the parent/guardian may have against the DIOCESE OF MONTEREY.

Activity/Event: Idaho Mission Trip
Starting Date: June 9 th – 17 th 2019
Mode of Transportation: Train/Vans

I, _____ (name of parent or legal guardian) parent or legal guardian of

_____ (name of child/ren)

hereby give my permission for my child/ren to participate in the youth activity named above. I agree to direct my child/ren to cooperate and conform with directions, instructions and rules established by the chaperones, parish, school or diocesan personnel responsible for the above mentioned youth activity.

In exchange for permitting my child/ren to participate in the above named activity, to the extent permitted by law, I waive all claims for damages which I may have, or which may hereafter accrue to me or my child/ren against the DIOCESE OF MONTEREY, for death, personal injuries, and losses or injuries to property, real or personal, caused by or arising out of the above named activity/event. It is further understood and agreed that this agreement, waiver and release is to be binding on my successors, heirs and assigns.

In addition, to the extent permitted by law, I release and discharge in advance the DIOCESE OF MONTEREY and its officers, agents, employees, from any and all liability relating to the above named activity.

I agree and understand that transportation may be provided in such form and at the discretion of the DIOCESE OF MONTEREY.

My child/ren is/are physically fit and capable of participation in this event.

I authorize a representative of the DIOCESE OF MONTEREY into whose care the above named minor/s has been entrusted, to consent to and permit any and all necessary medical services for my child/ren to be rendered to him/her under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the California Medical Practice Act, to consent to and permit any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care rendered to my child/ren by a dentist licensed under the provisions of the Dental Practice Act. I hereby give the representative of THE DIOCESE OF MONTEREY permission to use his/her judgment in obtaining medical services. I agree if medical services are required for my child/ren, THE DIOCESE OF MONTEREY will not be responsible for any medical expenses.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the above-mentioned diocesan representative to give specific consent to any and all such diagnosis, treatment or hospital care that the above mentioned physician in the exercise of his/her best judgment may deem advisable.

I hereby authorize any hospital which has provided treatment to the above named minor/s pursuant to the provisions of Family Code section 6910 to surrender physical custody of such minor/s to the diocesan representative upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

This authorization shall be in effect during all time that my child/ren is/are under the supervision of THE DIOCESE OF MONTEREY for the above mentioned event and shall remain effective until the minor/s returns from the event and is/are no longer under the supervision of the DIOCESE OF MONTEREY.

This waiver and release form is signed in order to participate in the above named event for my child/ren's own personal enjoyment and benefit and is done freely with full knowledge of the risk and dangers that are or may be involved. I, the undersigned, have read this release and understand all of its terms. I execute this voluntarily and with full knowledge of its significance.

I have discussed the above with my child/ren and he/she is aware of and understand the importance of following all rules set out by the supervisor(s).

Signature of Parent/Guardian: _____ Date: _____

Please provide the following:

Child's Name: _____
Date of Birth: _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
Child's Name: _____
Date of Birth: _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
Child's Name: _____
Date of Birth: _____ Male <input type="checkbox"/> Female <input type="checkbox"/>
Allergies (foods, drugs, insects, etc.) _____
Medications (name, dosage, reason) _____
Other information (injuries) or special health/physical conditions: _____
Insurance Information: Insurance Carrier (Dependent Coverage): _____
Name of Policy Holder: _____ Policy Number: _____
Persons Authorized to Pick-Up Children:
Name: _____ Phone: _____
Name: _____ Phone: _____
My Child/ren may walk home from this program. <input type="checkbox"/>
My Child may drive him/herself home from this program. <input type="checkbox"/>
My Child requires a Child Safety Seat. <input type="checkbox"/>
Person(s) to notify in case of an emergency:
Name: _____
Day Phone Number(s) _____ Evening Phone Number(s) _____
Name: _____
Day Phone Number(s) _____ Evening Phone Number(s) _____
Child/ren's Doctor: _____ Phone Number: _____
Child/ren's Dentist: _____ Phone Number: _____

CODE OF CONDUCT: PARTICIPANTS

In order to participate in youth activities sponsored by the Diocese of Monterey, Participants and their Parents/Guardians agree as follows.

Participants agree:

1. I will politely obey the requests and directions of the adult leaders.
2. I will stay with my assigned group or buddy at all times.
3. I will participate in the approved activity at all times.
4. I will dress appropriately at all times.
5. On overnight trips, I will stay in my assigned room and observe the bedtime and quiet hours schedule until group activities begin the next day or as otherwise directed by adult leaders.
6. I will be on time to activities and will observe all check in rules.
7. I will treat adult leaders, other participants, and community members with respect and will not engage in behavior that reflects poorly on me or the group such as: stealing, swearing, fighting, being physically or verbally abusive, being dishonest, damaging property, threatening others, or engaging in disruptive behavior.
8. I will not participate in hazing, teasing, or other similar activities.
9. I will not engage in any illegal activity including:
 - Smoking or possessing tobacco in any form
 - Possessing or use drugs (Note: Prescription drug use must be disclosed to the adult leaders)
 - Gambling
 - Possessing any weapon

I will take responsibility for my actions and understand that I will be sent home if I do not comply with this Code of Conduct to the satisfaction of the adult leaders.

Signature

Idaho Mission Trip

Event

Print Name

June 9th - June 17th

Date

This information is provided as a guideline to help Parishes, Schools and Ministries provide a safe environment. It should be used in conjunction with good judgment and is not a guarantee of anyone's personal safety.

AGREEMENT: NON-PARTICIPATING PARENTS/GUARDIANS

1. I will immediately and at my own cost retrieve my child from this activity if my child does not comply with this Code of Conduct to the satisfaction of the adult leaders.
2. I have reviewed the Code of Conduct: Participants with my child(ren). He or she understands the Code of Conduct and has promised to comply with it.
3. During the event, I can be reached as follows:
 - a. Home: _____
 - b. Work: _____
 - c. Cell: _____
 - d. Other: _____

Signature of Parent/Guardian

Print Name

Name of Child(ren)

Idaho Mission Trip

Event

PLEASE PRINT CLEARLY

IDAHO MISSION TRIP 2019

Teen

NAME (as appears on your ID)		DATE:
ADDRESS		
HOME PHONE		
CELL		
PARENTS E-MAIL		
TEEN E-MAIL		
AGE		
		PAYMENT
RESURRECTION PARISHIONER	YES OR NO	
Shirt Size Circle One -----	Small Medium Large X-Large XX-Large	
NOTES:	VEGETARIAN OR CARNIVORE (circle one)	